

COMMONWEALTH OF MASSACHUSETTS
Division Of Insurance
Annual Business Report - Surplus Lines Companies
Year Ending December 31, 2007

Page ____ of .

Surplus Lines Company Name: _____
NAIC No. _____

BROKER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: () _____

*If Producer is NOT a Massachusetts Broker;
 Broker doing courtesy filing:*

BROKER NAME: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: () _____

	Name of Insured	Policy Number	Policy Effective Date	Net Premium \$
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
	Page Total			